

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ATTORNEY FEE AC2HDC2HT		ATTORNEY AC2HDC2HT	
	CID	DEP	CID	DEP	CID	DEP
1	/					
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TOTAL IND.	2					
TOTAL DEP.	18	←	→	→	←	→
TOTAL CLAIMS	20	██████████	██████████	██████████	██████████	██████████

1	DID	DEP	1	DID	DEP	1	DID	DEP
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TOTAL IND.	2							
TOTAL DEP.	18	←	→	→	←	→	←	→
TOTAL CLAIMS	20	██████████	██████████	██████████	██████████	██████████	██████████	██████████